Clinical Governance Framework

Issue Date: 15 January 2014

For further enquiries please contact:

Clinical Director
headspace National Office
Phone: 03 9027 0119
Sandra Radovini: sradovini@headspace.org.au

Document History

Document Information

Category	Current Document Details
Document owner	Clinical Director
Current author	Clinical Director
Status	Final
Review	November 2014
Storage	Sharepoint

Revision History and Document Approval

Issue Date	Version	Summary of Changes	Approved By and Date	
15/1/2014	1.1	New Document	Clinical Quality and Risk Management Committee	4/12/2013

Table of Contents

1 Context

1.1 Introduction

Established in 2006, **headspace**, the National Youth Mental Health Foundation, was first funded by the Federal Government to deliver youth-friendly, stigma free services at a number of locations around Australia. Today, **headspace** is the major provider of clinical, early intervention services specifically targeting youth mental health across the country. Administered and supported by **headspace** national office (hNO), a network of 69 centres is currently contracted across every state and territory, set to scale up to 90 centres by 2015.

Since 2011, **headspace** has also been funded to deliver a clinical e-mental health service, **eheadspace**, that is extending the reach of the **headspace** platform more broadly, particularly in harder to reach, rural and remote communities. In 2012, **headspace** commenced implementation of a national initiative providing support to secondary schools affected by suicide. Further in June 2013 **headspace** was awarded the Early Psychosis Youth Services program. This program will be focussed on early intervention for young people with emerging serious mental illness through building on the existing and expanding **headspace** centre network.

To ensure **headspace** centres are high performing organisations that can deliver on national objectives for the program, they are supported by national office infrastructure. Along with coordination and grant administration, hNO has a service capacity building function through such activities as training and education, driving community engagement and awareness raising, as well as undertaking research and evaluation and translating this into practice.

1.2 Our vision

To improve young people's mental, social and emotional wellbeing through the provision of high quality, integrated services when and where they are needed.

1.3 Our values

Compassionate – We listen and want to make a difference for young people

Inclusive – We value a diversity of opinion and background

Responsive – We are agile, flexible and move rapidly

Passionate – We believe in what we do and enjoy what we do

Leaders – We are innovative thought leaders and valued partners

1.4 Purpose of the headspace clinical governance framework

Clinical governance is the system by which healthcare services achieve excellence, improve quality and minimise errors and mistakes in the delivery of healthcare to young people. As such it is central to the way we work at **headspace**. It aims to assure fairness, accountability and transparency and defines who has the authority, decision making and accountability. In relation to clinical governance, good governance means that there are clear organisational systems in place to ensure safe systems of care, including:

- Professionals being supported to deliver safe, high quality care through care delivery systems that are structured in accordance with known good practice
- The processes and outcomes are monitored against expected standards
- Any deficiencies in processes and outcomes are addressed[1]

A Clinical Governance Framework allows **headspace** to be clear about how care will be provided to young people and their families and friends. Good clinical governance, as outlined in the Clinical Governance Framework, will have the following outcomes:

- **Young People and their families** - will be confident that they are receiving quality care in the most appropriate setting, provided by competent staff working within a learning culture, where there is continuous monitoring and review of standards of practice
- **Staff** - will understand their roles and responsibilities, will be supported to provide quality care and will be engaged in service system designed for **performance** monitoring and improvement
- **Partnering Organisations and Contractors** - will understand each other's roles and responsibilities and be able to demonstrate their accountability for ensuring evidence based care is delivered safely, efficiently and appropriately at an appropriate time and in accessible locations
- **Members of governing bodies** - will understand their roles and responsibilities, demonstrate effective leadership, monitor and respond to performance and ensure risk is identified and managed.[1]

All staff working under the **headspace** banner, whether at **eheadspace**, **headspace** enhanced early psychosis services, **headspace** School Support or a **headspace** centre, will work within the Clinical Governance Framework. For our purposes this includes all staff directly employed by hNO, or funded with **headspace** grant money. At centres it also includes our private contracted providers, Consortium partners and any co-located or service delivery partners.

1.5 Principles

headspace centres, **eheadspace**, **headspace** School Support, and enhanced services (early psychosis) are designed to provide access to safe, high quality, evidence informed programs that are inclusive and

appropriate in their practices. There are a number of principles that underpin all delivery of care within **headspace**:

- Respecting the rights and responsibilities of people using our services
- Providing timely access to youth friendly services
- Being culturally sensitive and appropriate
- Being family and friend inclusive in our practices
- Working in an integrated clinical system with a multidisciplinary team
- Using safe practices that comply with regulations and legislations
- Using evidenced informed practices where these exist.

1.6 The principles of effective clinical governance at headspace are:

- **Accountability** –individual staff and contractor accountabilities are clear and enacted
- **Just culture** – individuals are treated fairly and are not blamed for the failures of the system.
- **Emphasis on learning** – the system is oriented towards evaluation and continuous learning, including learning from its mistakes, and extensively employs improvement methods for this.
- **Teamwork** – teamwork (including multidisciplinary and interdisciplinary collaboration) is recognized as the key to achieving high quality care and is explicitly encouraged and fostered within the culture of trust and mutual respect.
- **Openness about failures and error** – errors are reported and acknowledged without fear or inappropriate blame, and young people and their families are told what went wrong and why.
- **Appropriate prioritisation of action and resources** – action is prioritised and resources are directed to those areas where the greatest improvements are possible.
- **Reporting and response**: Information on the quality and safety of care and services is reported up and down the organisation and appropriate action taken.

1.7 Clinical Governance Context

The **headspace** clinical governance framework components are derived from:

- The National Safety and Quality Health Service Standards (2011) 1 and 2: Governance for Safety and Quality in Health Service Organisations and Partnering with Consumers.[2]
- The Victorian Clinical Governance Policy Framework (DHS 2009)[3]
- The National Standards for Mental Health Services (2010)[4] in particular, *Standard 8: 'The organisation is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services' and Standard: 'The activities and the environment of* **headspace** *is safe for young people, families, friends, visitors, staff and its community'.*

There is considerable relationship and overlap between the National Safety and Quality Health Service Standards (NSQHSS) and the National Mental Health Standards (NMHS), and corresponding relevance to **headspace** services; this is further explained in Appendices B and C.

Clinical Governance emphasises the importance of governing clinical safety and quality with the same rigor as applies to corporate governance. This document therefore interfaces with clinical and corporate policies to provide a foundation for organisational systems that support effective care and services, and efficient organisational functioning. It also links to specific programs and strategy documents that relate to implementation of clinical governance within the organisation, including:

- **headspace** Strategic Plan
- **headspace** Research and Evaluation Framework
- **headspace** Risk Management Framework
- **headspace** Complaints and Compliments Management and Reporting Policy
- **headspace** Incident Management and Reporting Policy
- **headspace** 'Dashboard' reporting system and Minimum Data Sets (MDS)
- **headspace** Accreditation system (currently in development)
- **headspace** Position Papers
- **headspace** Evidence Summaries

2 Clinical Governance Framework

This document describes the organisational governance systems that support safe, quality care and services. It forms part of a broader **headspace** quality framework (in development) that describes:

- the definition of **headspace** quality experience for young people and their families, and associated goals, objectives, strategies and measures
- requisite staff knowledge, skills and behaviours to achieve **headspace** quality experience for young people and their families
- organisational governance systems to support staff to achieve **headspace** quality experience for every young person, every time.

*Figure 1: The role of clinical governance systems within the context of a broader approach to creating quality experiences for all **headspace** young people*

Organisational governance systems support the creation a quality experience for headspace young people

Clinical governance systems are required to support staff to create a quality experience for young people seeking **headspace** services. This clinical governance document describes the organisational governance systems component of creating a quality experience for every young person accessing **headspace** care and services:

Governance System 1: Young people's rights and engagement

Governance System 2: Roles and Accountability for Safety and Quality

Governance System 3: Effective Workforce and Clinical Practice

Governance System 4: Quality Improvement and Risk Management.
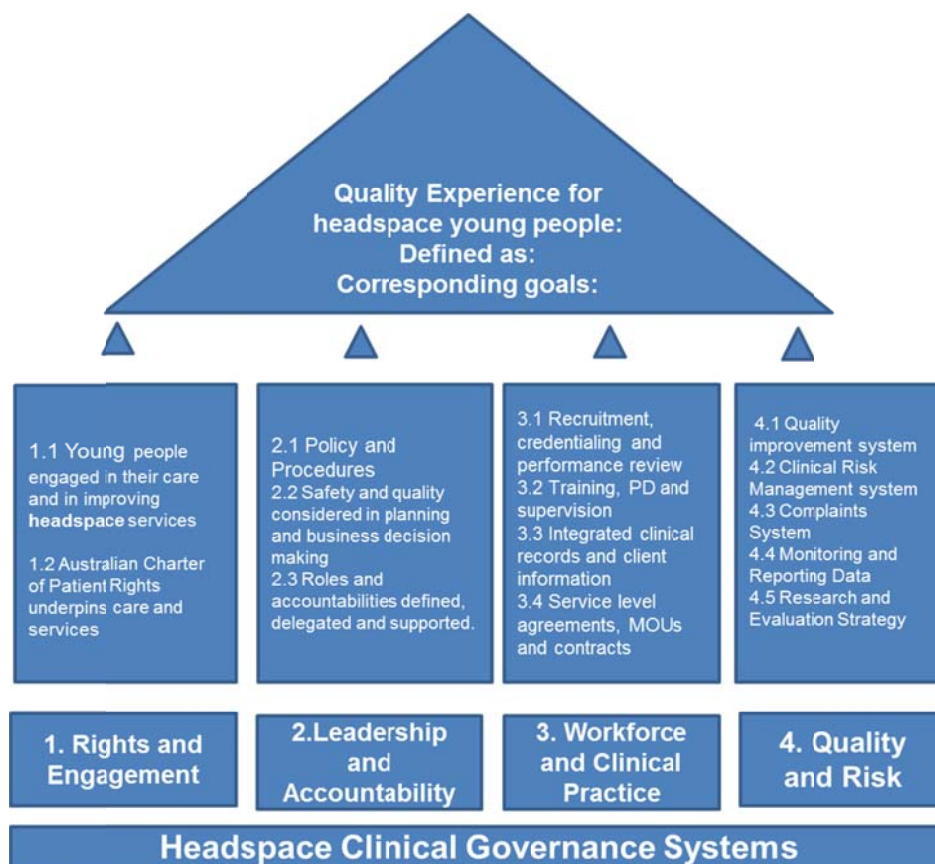
Figure 2: headspace clinical governance systems

2.1 Document Structure

For each of these four governance systems, the key components that apply across all **headspace** services are described, as follows:-

- Governance system overview and description of components; and
- A table containing **headspace**-related documents, accountabilities and monitoring tools.

*Note. Governance issues specific to each **headspace** service will be outlined in Appendix A. Appendix B contains the National Safety and Quality Health Service Standards (2011) and National Mental Health Standards (2010) for each of the four governance systems.*

3 Governance System 1: Young People's rights and engagement

3.1 Overview

A young person-centred approach to **headspace** care and services requires the establishment and maintenance of effective partnerships with young people, their families and the community. Effective engagement occurs when rights and responsibilities are clearly articulated and enacted, young people are meaningfully involved in their own care, and engaged in improving **headspace** services.

Governance systems for young people's rights and engagement address their needs and preferences and support understanding and responding to experiences and expectations regarding their **headspace** care. It requires the establishment and maintenance of effective partnerships with young people, their families and the broader community. Young people-centred care involves respecting and actively addressing their choices and values throughout the delivery of care. Effective participation occurs when young people and their families are meaningfully involved at three levels of the health service system at:

- individual care level
- program/department level
- organisational level.

3.2 Components

- Young people and their friends and families (as appropriate) are engaged in their care; and in improving **headspace** services through information, collaboration and feedback
- The Australian Charter of Healthcare Rights and open disclosure underpin the delivery of care and services

3.2.1 Young people and their friends and families (as appropriate) are engaged in their care; and in improving headspace services through information, collaboration and feedback

Young People

headspace believes that youth participation is fundamental to the delivery of quality services to young people, and seeks to provide meaningful opportunities for young people to directly participate in service planning, service development and in some cases, service delivery (e.g. peer support).

Youth participation activities at **headspace** are open to all young people, not only young people who identify as having had a mental health issue or those who have attended **headspace** for services. Care

and services will be delivered as a partnership with young people and their families and organised to maximise their participation in care and treatment planning and decision making.

Family and Friends

headspace believes that family participation is fundamental to the delivery of quality services to both young people, and their families/carers. **headspace** uses a variety of mechanisms to provide family members with opportunities to participate.

headspace recognises the importance of family and friends in a young person's life and seeks to involve them in the care of young people where this is possible.   Within the context of **headspace** , Family and Friend Participation is defined as family members, other guardians, carers or friends having the opportunity to meaningfully and directly participate in service planning, service development and in some cases, service delivery (e.g. support group co-facilitation) and to have the opportunity to give feedback on the service.

3.2.2   The Australian Charter of Healthcare Rights and open disclosure underpin the delivery of care and services

In 2008, The Australian Charter of Healthcare Rights was endorsed by Australian Health Ministers. It states that 'everyone who is seeking or receiving care in the Australian Health system has certain rights regarding the nature of that care.' The seven rights included in the Charter are as follows:-

- Access: a right to health care;
- Safety: a right to safe and high quality care;
- Respect: a right to be shown respect, dignity and consideration;
- Communication: a right to be informed about services, treatment, options and costs in a clear and open way;
- Participation: a right to be included in decisions and choices about care;
- Privacy: a right to privacy and confidentiality of provided information; and
- Comment: a right to comment on care and having concerns addressed.

All **headspace** services are delivered in accordance with relevant Commonwealth, State/territory mental health legislation and related acts, the National Mental Health statement of Rights and Responsibilities (2012) and are delivered subject to informed consent. All young people that access **headspace** services should know what their rights are, what to expect from the service and staff, and also know what is expected of them in return, across each of the seven areas outlined above. In addition **headspace** centres may offer some other rights and responsibilities that are contextual to the youth friendly aspects of our service delivery. Open disclosure is practised so that if an adverse event occurs, the young person

and their families are informed, receive an apology and are involved in the review of the event as far as they wish to be.

headspace uses a variety of strategies to ensure that young people, their families and friends are aware of their rights and responsibilities. This may include the rights and responsibilities being displayed in reception, on the website, or online and they may be given to young people at their first appointment. **headspace** School Support works with the school community to ensure that young people have access to the rights and responsibilities.

Governance System 1: Young People's rights and engagement Related headspace guiding information, implementation tools and monitoring and accountability tools		
Key Area	**Youth Participation**	**Family and Friends Participation**
Guiding Information	Youth Participation Handbook hY NRG Position Descriptions **headspace** centre TOR for youth reference groups	Family and Friends Position Paper TOR for Family and Friends subcommittee Family and Friends Strategy Document
Implementation tools	hY NRG Training for hY NRG members which maximise youth participation and representation Supervision and mentoring of hY NRG members	Family and Friends work plan
Monitoring and Accountability Tools	Evaluation of hY NRG **headspace** Independent Evaluation Ongoing internal Evaluation- including data monitoring	Family and Friends Subcommittee Service Activity Data Centre Work plans **headspace** Independent Evaluation

4 Governance System 2: Leadership and Accountability for Safety & Quality

4.1 Overview

Accountability for safety and quality at all levels of our organisation, clinical; corporate; and partner organisations is fundamental to creating a quality **headspace** experience for every young person. It involves staff understanding and enacting their roles in providing safe, quality care, and being supported in this through effective policies and decision making. Committee structures support managers, staff and service providers to enact their role. Better results for young people require that leaders inspire engagement, recognition and empower staff in key decision making.

4.2 Components:

- Policy and Procedure System supports safe, quality care and compliance with legislation and standards
- Safety and quality is considered in planning and business decision making
- Roles and accountabilities for leading and assuring safe, quality care and services are defined, delegated and supported.

4.2.1 Policy and Procedure System supports safe, quality care and compliance with legislation and standards

All **headspace** services are delivered in accordance with relevant Commonwealth, State/territory mental health legislation and related acts, the National Mental Health Statement of Rights and Responsibilities (2012) and are delivered subject to informed consent.

Services are guided by best current evidence as provided by the Centre of Excellence and disseminated through the Education and Training Program.

All **headspace** staff and services are expected to conform to **headspace** policies, procedures and guidelines.

4.2.2 Impact on client safety and quality of care is considered in planning and business decision making

Strategic, quality and business planning include the quality and safety of young people's care as a key consideration. **headspace** will develop a quality framework and plan to define the quality of **headspace**

care and services that we want to achieve, identify the goals and objectives we are striving for and the leadership and staff characteristics required to achieve it.

Requirements for client safety and quality are considered in business decisions and allocation of resources, including: strategic planning, service planning, contracted services, business cases and the introduction of new technology.

Contracted services must meet the **headspace** requirements for provision of safe, quality care as set out in this clinical governance framework and documented within the contract. Compliance with these requirements will be assessed as part of any contract review.

4.2.3   Roles and accountabilities for leading and assuring safe, quality care and services are defined, delegated and supported.

headspace is committed to the delivery of high quality care which engages and meets the needs of young people. Accountability is a vital component to ensuring high quality service delivery.

Staff providing headspace services:-

- Have their roles in providing safe, quality care and services clearly articulated in position descriptions, delegated and supported by supervisors and managers, and reinforced and supported through training, professional development, and performance review;
- Are registered and credentialed where required, with scope of practice clearly defined and regularly reviewed; and
- Use **headspace** policies and procedures as the basis of their care and service provision.

This also applies to **contractors** who must agree with the lead agency their role and responsibility in providing safe, quality care and services, and engage in evaluation and review of their role as part of contract review.

headspace leadership for safety and quality

- Culture Survey;
- Workforce Development.

Roles and responsibilities for safe, quality care are defined and enacted at each level of the organisation (see Figure 3 below) as follows:-

- The **headspace Board** is responsible for performance and conformance of the organisation; setting the strategic direction and policy framework both from a corporate and clinical perspective and monitoring compliance.
- The *headspace Clinical Quality and Risk Management Committee* is the key committee responsible for effective clinical governance at **headspace**. It is responsible for:-
  - o   developing clinical governance and improvement strategies;

- o ensuring these strategies are translated into effective organisational practice to support safe and high quality healthcare;
  - o informing the executive and the Board of priority clinical governance issues (including workforce, access, quality improvement, patient safety and medico-legal issues);
  - o having a comprehensive understanding of the systems that support, monitor, enable, evaluate, and improve care for young people; and
  - o overseeing a comprehensive and integrated clinical governance committee structure.
- The headspace Clinical Quality and Risk Management Committee provides expert and strategic advice to the Board and management on clinical quality and risk management activities conducted or funded by headspace including in relation to clinical practice and research and in headspace program evaluation.
- The Chief Executive and Clinical Leadership Team are responsible for:-
  - o developing, overseeing and implementing the Clinical Governance Framework across the organisation;
  - o implementing the Board's strategic decisions relating to clinical governance;
  - o ensuring that decisions and directions relating to the clinical governance components are appropriately prioritised, resourced, implemented and evaluated; and
  - o ensuring that **headspace** staff have the knowledge and skills to implement, review and improve the components of the clinical governance framework.
- Program and centre Managers are responsible for:
  - o translating and communicating clinical governance strategy and policy at program and service level; and
  - o developing and implementing plans (including quality, workforce and risk management plans) in line with the principles of clinical governance and that reflect the organisational and local priorities.
- All **headspace** staff and contractors are responsible for:-
  - o understanding their individual role in safety, quality and risk management;
  - o incorporating quality improvement and safety initiatives in their everyday work practice;
  - o following organisational quality, safety and risk management policies, procedures and guidelines, including legislative requirements;
  - o escalating concerns regarding quality, safety and risk to an appropriate staff member;
  - o promoting and participating in continuous improvement processes; and
  - o following professional and other relevant standards.

Figure 3: headspace organisational levels with Clinical Safety and Quality Responsibility

	Governance System 2: Leadership and Accountability for Safety & Quality	
	Related headspace guiding information, implementation tools and monitoring and accountability tools	
	Governance components	**Accountability components**
Key Area	Board/Consortium	Accountability matrix
	Subcommittees	Organisational Structure
	Working Parties	CEO / Executive Team
Guiding Information	- Funding Contracts between Department of Health (DoH) and **headspace** - Strategic Plan - A guide to establishing **headspace** centre Consortium - Board constitution - Accountability Matrix - Compliance with relevant Commonwealth, state/territory MH legislation and related Acts - Position Paper - Young People's Mental Health	
Implementation Tools	- Subcommittees Terms Of Reference - Subcommittee Agendas - Memorandum Of Understanding (MOU) template (hNO) - Service Level Agreement template (hNO) - Delegations of authority documentation - Budget allocations and resourcing - Job descriptions - Clinical Leadership team meetings - Staff meetings - Critical Incidents Log - Evaluation - NMHS Implementation Guidelines	
Monitoring and Accountability Tools	- Board reports and minutes - Reports to DOHA - Subcommittee Agendas, Reports and minutes - For centres: A Partnership Analysis Tool (Vic Health) - Performance Reviews - Dashboard - Data **headspace** Independent Evaluation - Evaluation of the **headspace** School Support Program and its components	

5 Governance System 3: Effective Workforce and Clinical Practice

5.1 Overview

Effective and appropriate clinical practice is ensuring the right care is provided to the right client who is informed and involved in their care at the right time by the right clinician with the right skills in the right way. This system supports optimum clinical practice and service delivery through the recruitment and selection of **headspace** service providers, ensuring their workplace readiness, via ongoing professional development and maintenance of their professional standards and scope of practice, and supporting them to provide safe, quality care based on best available evidence. Effective care is supported by integrated, accurate, accessible and confidential client records that promote effective communication and continuity of care.

An effective workforce is one that embraces the **headspace** mission, vision and values and delivers exceptional experience for young people. These systems support the recruitment and selection of **headspace** staff who will provide high quality care and services, ensures their workplace readiness, supports their ongoing professional development and the maintenance of their professional standards and scope of practice.

5.2 Components

- Recruitment, Credentialing, scope of practice and performance review
- Safe and effective practice supported by training, professional development and supervision
- Integrated clinical records and client information supports quality care and service delivery
- Service level agreements, MOUs and contracts in place as required.

5.2.1 Recruitment, training, professional development and supervision support skilled and competent practice based on best available evidence

headspace staff and contractors have their roles in providing safe, quality care and services clearly articulated in position descriptions and contracts, delegated and supported by supervisors and managers, and reinforced and supported through training, professional development, and performance review. hNO provides up-to-date information on best practice to **headspace** staff and contractors through the activities of the knowledge transfer division including the Centre of Excellence, education and training, policy and workforce.

The National Mental Health Standards and relevant National Safety and Quality Health Service Standards will be implemented to support safe and effective clinical care. (See Appendix C for NSQHSS applicable to mental health services).

It is expected that **headspace**[1] staff will work according to an agreed set of standards and:-

- Be familiar with, and understand all aspects of the clinical governance framework;
- Provide support to young people in a safe and competent manner, working within their scope of practice;
- Practice in accordance with the agreed standards of their profession;
- Comply with all applicable legislation, regulations, industry standards, policies, guidelines, codes of conduct and codes of ethics;
- Respect the dignity, privacy, culture, values, beliefs and choices of every individual;
- Work in partnership with young people and their families to support the health, wellbeing and informed decision making of each individual;
- Communicate effectively and appropriately with clients, families and other professionals Practitioners are required to provide evidence of registration to relevant professional bodies on commencement and renewal;
- Participate in regular supervision provided for all salaried staff; and
- Encourages all contractors to have regular clinical supervision and professional development.

5.2.2   Credentialing, scope of practice and performance review support safe, effective practice

headspace has a multidisciplinary workforce and each member of the workforce must be appropriately qualified and experienced to fulfil the roles and responsibilities of their position within the organisation. **headspace** staff and those providing contracted services hold current registration with the relevant professional bodies such as the AHPRA, are appropriately credentialed with scope of practice clearly defined and regularly reviewed. Practitioners are expected to engage in professional development and participate in the **headspace** performance management system or that of the relevant employer.

5.2.3   Integrated client records and clinical information supports quality care and service delivery.

Within programs client information is integrated, accurate, accessible and confidential, and promotes effective communication and safety, quality and continuity of care.

Each young person who engages with **headspace** will have information recorded about them and their needs in their client record and in addition the minimum data set is required by **headspace** National Office. **headspace** recognises that confidentiality is a vital component to the development of a trusting

---

[1] Inclusive of all staff working under the **headspace** brand

relationship between the young person and the professional. Collaborative service delivery requires a shared understanding of confidentiality and the limits to this.

Files are kept in accordance with the Medical Records (Privacy and Access) Act 1997 and the National Privacy Principles. File audits are conducted to monitor and improve the content of client records and to support clinical practice and outcomes review.

5.2.4   Service level agreements, MOU's and contracts are in place as required.

headspace staff and contractors have their roles in providing safe, quality care and services clearly articulated in position descriptions and contracts, delegated and supported by supervisors and managers, and reinforced and supported through training, professional development, and performance review. Contractors must agree with the lead agency their role and responsibility in providing safe, quality care and services, and engage in evaluation and review of their role as part of contract review. Clinical staff and contractors, including students and volunteers, must ensure they are covered by appropriate professional indemnity arrangements.

Governance System 3: Effective Workforce and Clinical Practice Related headspace guiding information, implementation tools and monitoring and accountability tools	
Effective Workforce	
Key Areas	• **headspace** recruitment and selection processes • **headspace** Workforce Development and Competencies • **headspace** credentialing processes • Workforce support and development
Guiding Information	• **headspace** Job descriptions • Workforce support and development resources • **headspace** HR policies and procedures
Implementation Tools	• Supervision • Interview processes, selection panels
Monitoring and Accountability Tools	• Supervision • Performance Reviews • **headspace** HR processes • Practitioners are required to provide evidence of registration to relevant professional bodies on commencement and renewal • Contractors will need to demonstrate ongoing insurance and indemnity.

Effective Clinical Practice				
	Stages of Care			
Key Areas	**Entry**	**Monitoring and Review**	**Support, Care and Intervention**	**Exit**
	Service Pathways	Case Allocation	Evidence Based	Planning for continued support outside of **headspace** (discharge planning)
	Referral	Case Reviews	Effective	Periods of inactivity
	First contact and initial intake	Clinical/File audits		One client record for multiple occasions of services
Guiding Information	**eheadspace** Clinical Manual **headspace** School Support Manual **headspace** centre clinical manual			
Implementation Tools	**headspace** Assessment Tool, K10, SOFAS etc. - Electronic record - Case Reviews Individualised Care Plans			
Monitoring and Accountability Tools	- File audits - Clinical practice and outcomes review - Regular supervision provided for all salaried staff - Encourage all contractors to have regular clinical supervision and professional development - Practitioners are expected to engage in professional development and participate in the relevant performance management system			

6 Governance System 4: Quality Improvement and Risk System

6.1 Overview

Organisational quality and risk systems support staff to provide safe, quality care by providing information on risks, processes and outcomes of care, and tools and processes for monitoring and improving care quality; and identifying and responding appropriately to risk and complaints. This governance system ensures that the safety of **headspace** young people remains our highest priority and that effective systems are in place to minimise and mitigate clinical risks. Effective clinical risk management reflects a broader organisational risk management system in which the management of organisational, financial, occupational health and safety, plant, equipment and patient safety risk is integrated. This is achieved through the continuous identification and reduction of potential risks and examination of incidents for causative and contributing factors and trends to inform the implementation of initiatives to improve safety.

Enhancement of clinical performance and continuous improvement of the safety, effectiveness and appropriateness of clinical care occurs through the introduction, use, monitoring and evaluation of evidence based best practice. Evaluation of organisational and clinical performance is critical to good governance and involves the use of performance measures, clinical indicators and clinical audit. Reporting on organisational performance is a critical activity in the governance of clinical care and provides mechanisms for monitoring safety and quality performance and flagging issues that require intervention and response.

6.2 Components

- Quality monitoring and improvement systems support staff to assess, report on and improve the quality of care and services.
- Clinical risk assessment and management system seeks to reduce and minimise risks for young people.
- The complaints system effectively documents, responds and monitors complaints.
- Reporting on quality and safety of care supports evaluation of the quality and safety of care, and appropriate response.
- The **headspace** Research and Evaluation Strategy supports continuous quality improvement.

6.2.1 Quality monitoring and improvement systems supports staff to monitor, report on and improve the quality of care and services

Fundamental to the **headspace** model is the delivery of evidence based services within a quality improvement framework. Continuous evaluation and quality improvement activities are essential to

ensuring that service delivery meets the needs and expectations of young people, family and significant others, service providers and the broader community. Information received through evaluations should be used to inform practice and initiate change where needed.

Processes for clinical and service quality improvement planning, reporting, analysis and action are described in the **headspace** quality framework.

6.2.2   Clinical risk management systems reduce and control risks to young people through monitoring, reporting, investigation and mitigation

An organisational risk management system encourages and supports the reporting of incidents and near misses, and engages managers and staff in a proactive approach to creating safe environments for clients and staff. A risk register is used to identify, minimise and control risks.

headspace is committed to providing a safe environment and to ensure service delivery adheres to safe clinical practices.

Risk management is an essential feature of good clinical governance. Clinical practice carries with it a number of inherent risks, most notably the risk of adverse outcomes such as incorrect or harmful treatment, aggression, violence, self-harm or suicide. A detailed Risk Matrix is managed by the **headspace** Executive and Clinical Leadership team and reviewed by the Finance Audit and Risk Board Committee.

headspace acknowledges state and territory law regarding mandatory reporting and believes that clinicians are ethically mandated to report severe abuse, neglect or risk of harm even if the clinician is not legally mandated to do so.   This includes impaired practice; sexual misconduct; drug and alcohol abuse; suboptimal practice. At all times the safety of the young person must be paramount.

Mandatory reporting requirements vary between each state and territory. In some circumstances, workers and professionals are also required to report instances of exposure to domestic and family violence in recognition of the seriousness of this type if harm to the developing child. All programs need to ensure they are familiar with their relevant state or territory guidelines.

We also require that all programs and centres work in line with the Australian Health Practitioner Regulation Agency.

Section 140 of the National Law Act requires that a registered health practitioner must notify the Board, if in the course of practising their profession, they form a reasonable belief that another registered health practitioner has behaved in a way that constitutes "notifiable conduct".

Notifiable conduct is defined as when a practitioner has:-

1.   practised the profession while intoxicated by alcohol or other drugs; or

2. engaged in sexual misconduct in connection with their profession;, or

3. placed the public at risk of substantial harm in their practice because they have an impairment; or

4. placed the public at risk of harm during their practice because of a significant departure from professional standards.

This reporting applies to students also. There are a number of exemptions from these mandatory notification obligations within each distinct discipline so it is important to view the guidelines available.

The **headspace** National Office Incident Register is the register kept by the hNO as a record of all incidents reported across the **headspace** initiative. hNO will monitor incidents and their outcomes in order to identify trends which can be used to inform service improvements to prevent future negative experiences across the **headspace** centre network. Critical Incidents are reviewed by the Clinical Quality and Risk Management Committee on a monthly basis.

6.2.3   The complaints system effectively captures and responds to complaints

headspace welcomes and values feedback about its services. The respectful, timely and competent handling of complaints is a key **headspace** standard and all clients or prospective clients of **headspace** services, their family, friends or other representative(s), and members of the general public (including other service providers) have the right to make a complaint regarding the activities hNO or a **headspace** centre and to have their complaint investigated objectively and without victimisation. Information regarding the complaints process, including who to contact, is readily available and actively promoted by **headspace** centres, hNO, and on the **headspace** website.

6.2.4   The evaluation of high quality and safe care is supported by reporting processes.

headspace is committed to providing quality data to inform its progress and programs and high quality data is essential to monitoring and tracking service delivery. hNO routinely collects, collates and analyses information provided by **headspace** centres and its own Departments as part of its performance monitoring and quality assurance processes.

As part of their Grant Agreement, **headspace** centres and **eheadspace** are required to collect a range of information relating to:

- demographic details (e.g. age, gender, cultural background, etc.);
- referral pathway (e.g. mode of referral, source of information about **headspace**, etc.);
- diagnostic information (e.g. presenting problems, diagnosis, stage of illness);
- outcome measures (K10, SOFAS, days out of role);
- service activity (waiting times, occasions of service, nature of service, duration of service, service provider type); and exit pathways.

Staff provide input into prioritising improvement activities through identifying gaps between evidence and practice at a local, State and national level. Improvement activities should underpinned by robust, proven methodologies and clinical processes should be redesigned or new processes proactively designed to minimise waste and make it easier for **headspace** staff and contractors to provide safe, quality care.

The **headspace** Clinical Quality and Risk Management Board Committee receives trended analysed complaints and incident data, case-specific information for critical events, and information on processes and outcomes of care and services for discussion and response as appropriate, and for reporting key issues to the Board.

6.2.5   The Research and Evaluation Strategy supports continuous quality improvement

headspace maintains that research and evaluation are fundamental to continuous quality improvement that supports the provision of services to improve the mental health and wellbeing of young people and their families. The Research and Evaluation Strategy (2012-2014) outlines the principles and actions that enable **headspace** to understand young people's needs and appropriate ways to address these through evidence-based practice and service reform. At **headspace**, evaluation refers specifically to research that aims to determine the appropriateness, effectiveness and/or quality of **headspace** initiatives to inform future decision making and continuous quality improvement. This includes projects that review the delivery of services, review the implementation of **headspace** initiatives, and/or aim to improve services and service delivery.

Governance System 4. Quality Improvement and Risk System Related headspace guiding information, implementation tools and monitoring and accountability tools		
	Quality Improvement	**Information Management**
Key Areas	Evaluation	Confidentiality
	Research	Records
		Data Collection
		Technology
Guiding Information	**headspace** Research and Evaluation Strategy **headspace** quality framework (in development)	**headspace** Minimum Data Set
Implementation Tools	Evaluation Client Satisfaction Form	MDS collection tool MDS collection tool training materials Consent form

		Tableau
Monitoring and Accountability Tools	Research Log Conference Log **headspace** Independent Evaluation	Tracking in Client file Compliance reports **headspace** Independent Evaluation
Risk Management and Complaints		
Guiding Information	Complaints and compliments policy and procedure Critical Incidents policy and procedure	
Monitoring and Accountability Tools	Complaints register Critical Incident register Clinical, Quality, and Risk Committee	

APPENDICES

APPENDIX A

Governance systems specific to headspace services

Appendices showing specific service governance systems and compliance requirements: *to be developed after workshops with each area.*

Links to these documents will be made when specific program area appendices, are developed:

- **eheadspace** Clinical Manual
- **headspace** School Support Clinical Manual
- **Enhanced headspace** Clinical Manual
- centres 'Clinical' Manual
- Statement/Bill of Rights and Responsibilities
- Commonwealth, state/territory MH legislation and related Acts
- Establishment of additional **headspace** locations - A Guideline for **headspace** centres
- Privacy Act
- Family and Friends Policy and Procedure
- Confidentiality policy
- Client record
- Mandatory reporting requirements

APPENDIX B

National Standards related to each headspace governance system

Governance System 1. Young People's rights and engagement Related National Safety and Quality Health Service Standards (NSQHSS) and National Mental Health standards (NMHS)

NSQHSS:

1.16 Implementing an open disclosure process based on the national open disclosure standard

1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights

1.18 Implementing processes to enable partnership with patients in decision about their care, including informed consent to treatment

1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance

2.1 Establishing governance structures to facilitate partnership with consumers and/or carers

NMHS:

1.3 All care delivered is subject to the informed consent of the voluntary consumer and wherever possible, by the involuntary consumer in accordance with Commonwealth and state/territory jurisdictional and legislative requirements.

1.10 The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning.

1.11 The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.

1.1 The MHS upholds the right of the consumer to be treated with respect and dignity at all times.

1.5 Staff and volunteers are provided with a written statement of the rights and responsibilities of consumers and carers, together with a written code of conduct as part of their induction to the MHS.

1.4 The MHS provides consumers and their careers with a written statement, together with a verbal explanation of their rights and responsibilities, in a way that is understandable to them as soon as possible after entering the MHS and at regular intervals throughout their care.

3.2 The MHS upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

3.1 The MHS has processes to actively involve consumers and carers in planning, service delivery,

Governance System 1. Young People's rights and engagement
Related National Safety and Quality Health Service Standards (NSQHSS) and
National Mental Health standards (NMHS)

and evaluation and quality programs.

3.7 The MHS has policies and procedures to assist consumers and carers to participate in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the MHS

Governance System 2: Leadership and Accountability for Safety & Quality
Related National Safety and Quality Health Service Standards (NSQHSS) and
National Mental Health standards (NMHS)

NSQHSS:

1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care

1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for patient safety and quality in their delivery of health care

1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols

1.1.2 The impact on patient safety and quality of care is considered in business decision making

NMHS:

8. **headspace** centres are governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.

8.7 Staff are appropriately trained, developed and supported to safely perform the duties required of them

1.2 All care is delivered in accordance with relevant Commonwealth, state / territory mental health legislation and related Acts.

Governance System 3: Effective Workforce and Clinical Practice System
Related National Safety and Quality Health Service Standards (NSQHSS) and National Mental Health standards (NMHS)

Effective Workforce

NSQHSS:

1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce

1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice

NMHS:

8.6 The recruitment and selection process of the MHS ensures that staff have the skills and capability to perform the duties required of them

8.7 Staff are appropriately trained, developed and supported to safely perform the duties required of them.

Effective Clinical Practice

NSQHSS:

1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care

1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm

1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence

Other NSQHSS as relevant.

NMHS:

9.3 The MHS facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers.

2.3 The MHS assesses and minimises the risk of deliberate self-harm and suicide within all MHS settings.

2.11 The MHS conducts risk assessment of consumers throughout all stages of the care continuum, including consumers who are being formally discharged from the service, exiting the service temporarily and / or are transferred to another service.

10.4.1 Assessments conducted and diagnoses made are evidence-based and use accepted methods and tools, as well as internationally accepted disease classification systems.

10.5.1 Treatment and support provided by the MHS reflects best available evidence and

emphasises early intervention and positive outcomes for consumers and their carer(s).

10.5.7 The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer.

Governance System 4: Quality Improvement and Risk Management System
Related National Safety and Quality Health Service Standards (NSQHSS) and
National Mental Health standards (NMHS)

Quality Improvement and Reporting

NSQHSS:

1.6 Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice

1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance

1.2.2 Action is taken to improve the safety and quality of patient care

NMHS:

8.11 The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice

Clinical Risk Management and Complaints

NSQHSS:

1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality

1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents, (including near misses), which all result in corrective actions

1.15 Implementing a complaints management system that includes partnership with patients and carers

NMHS:

2. The activities and environment of **headspace** centres are safe for young people, families/carers, visitors, staff and community

8.10 The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks.

2.13 The MHS has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues.

1.16 The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have them addressed by the MHS.

8.8 The MHS has a policy and process to support staff during and after critical incidents.

APPENDIX C

Applicability of the NSQHSS to mental health services

(ACSQHC, Accreditation Workbook for Mental Health Services, Consultation Draft 2012)

Health Service Type	Definition	National Safety and Quality Standards for Health Services									
		1	2	3	4	5	6	7	8	9	10
Psychiatric Inpatient Services – public or privately funded											
Public psychiatric hospital	An establishment devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders that is controlled by a state or territory health authority and offers free diagnostic services, treatment, care and accommodation to all eligible patients.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	May not be applicable if blood and blood products are not held or administered.	All Items applicable	All Items applicable	All Items applicable
Private psychiatric hospital	An establishment devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders that is licensed or approved by a state or territory health authority.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	May not be applicable if blood and blood products are not held or administered.	All Items applicable	All Items applicable	All Items applicable

Health Service Type	Definition	National Safety and Quality Standards for Health Services									
		1	2	3	4	5	6	7	8	9	10
Public acute hospital	An establishment that provides at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care and provides round-the clock comprehensive qualified nursing services as well as other necessary professional services. They must be licensed by the state or territory health department or be controlled by government departments.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable
Psychiatric units or wards	Specialised units or wards, within public acute hospitals, that are dedicated to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	May not be applicable if blood and blood products are not held or administered.	All Items applicable	All Items applicable	All Items applicable

Health Service Type	Definition	National Safety and Quality Standards for Health Services									
		1	2	3	4	5	6	7	8	9	10
Forensic inpatient units	Specialist mental health units providing care for mentally ill patients who have been in contact with the criminal justice system and high risk civil patients. The patient demographic consists of those found not guilty by reason of mental illness, those unfit to plead, mentally disordered offenders or those at risk of offending.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable
Community based psychiatric services – public or privately funded											
Community mental health care services	Include hospital outpatient clinics and non-hospital community mental health care services, such as crisis or mobile assessment and treatment services, day programs, outreach services, and consultation and liaison services.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	Not applicable	Not applicable	Not applicable (ref. Criteria 1.8)	All Items applicable

Health Service Type	Definition	National Safety and Quality Standards for Health Services									
		1	2	3	4	5	6	7	8	9	10
Government operated residential mental health services	Specialised residential mental health services that are operated by a state or territory government and provide rehabilitation, treatment or extended care to residents for whom the care is intended to be on an overnight basis and in a domestic-like environment	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	Not applicable	Not applicable	Not applicable (ref. Criteria 1.8)	All Items applicable
Forensic Mental Health Services	These services provide comprehensive mental health care to people who come into contact with the criminal justice system or are at an increased risk of such contact.	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	All Items applicable	Not applicable	Not applicable	Not applicable (ref. Criteria 1.8)	All Items applicable
Non-Government Organisation (NGO) Sector											
Non-government-operated residential mental health services	Specialised residential mental health services that meet the same criteria as government-operated residential mental health services that are operated by non-government agencies	All Items applicable *but not mandatory	All Items applicable *but not mandatory	All Items applicable *but not mandatory	All Items applicable *but not mandatory	All Items applicable *but not mandatory	All Items applicable *but not mandatory	Not applicable	All Items applicable *but not mandatory	Not applicable (ref. Criteria 1.8)	All Items applicable *but not mandatory

References

1. Clinical governance of co-located and well-located after hours general practice services: A framework and toolkit. DLA Philips Fox, Victoria, 2011

2. Australian Commission on Safety and Quality in Health Care (ACSQHC), National Safety and Quality Health Service Standards. ACSQHC, Sydney, 2011

3. DHS Victoria, Victorian Clinical Governance Policy Framework. Victorian Government, 2009

4. Commonwealth of Australia, National Standards for Mental Health Services. Australian Government, Canberra, 2010